

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Earl Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Khalilah Williams 3612 Old Jeanerette Rd. New Iberia, LA 70563-3131</p>		<p>B. Received by (Printed Name) EARL WILLIAMS</p> <p>C. Date of Delivery 11-7</p>	
<p>2. Article Number (Transfer from service label) 7010 2780 0001 3986 2622</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

1:12cv87 #9 mp

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

05 NOV 2012
PM 5:12

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. DISTRICT CLERK
300 WILLOW ST., STE. 104
BEAUMONT, TX 77701

